



City of Santa Clara

Building Division
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Building Division: 408-615-2440

Email: Building@santaclaraca.gov

Permit Center: 408-615-2420

Email: PermitCenter@santaclaraca.gov

Automated Inspection Scheduling System: 408-615-2400

REQUEST FOR EXEMPTION FROM ACCESSIBILITY COMPLIANCE DUE TO UNREASONABLE HARDSHIP

Building Permit No. _____

Project Description: _____

Project Address: _____

Owner/Applicant: _____

Telephone: _____

Signature: _____

Date: _____

- | | |
|--|----------|
| 1. Cost of proposed project | \$ _____ |
| 2. Total amount spent on other projects at this facility within the past three years | \$ _____ |
| 3. Total cost (1 + 2) | \$ _____ |

If (3) exceeds the valuation threshold of \$156,162, then full compliance is required.

If (3) is less than the valuation threshold of \$156,162, then 20 percent x (1) = \$ _____ is the minimum required for accessibility compliance.

Accessibility Elements:	Cost of Providing Accessibility for this Permit (Dollars)	Cost Proposed (Dollars)	Elements(s) Request to be Waived	Equivalent Facilitation Provided
1. Accessible entrance (including parking)	\$	\$		
2. Access: Path to altered area	\$	\$		
3. Accessible sanitary facilities	\$	\$		
4. Accessible drinking fountains	\$	\$		
5. Accessible public telephone	\$	\$		
6. Others (ramp, handrail, etc.)	\$	\$		
Total cost of access elements	\$	\$		

Applicant's Statement of Impact on the financial feasibility of the project by providing full access compliance:

Your request for exemption from accessibility compliance due to unreasonable hardship is:

_____ Not Approved

_____ Approved for the following elements:

Note: The determination of an unreasonable hardship exception by this office does not allow for blanket exemption from CCR Title 24 access requirements

Building Official

Date